

<b>POWER OF ATTORNEY                  OR                  REVOCATION OF POWER OF ATTORNEY                  WITH A NEW POWER OF ATTORNEY                  AND                  CHANGE OF CORRESPONDENCE ADDRESS</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Application Number</td> <td>10/549,846</td> </tr> <tr> <td>Filing Date</td> <td>September 20, 2005</td> </tr> <tr> <td>First Named Inventor</td> <td>Teunils Adrianus Kassenaar</td> </tr> <tr> <td>Title</td> <td>Camera Comprising Means For Accurately Fixing The Distance Between A Lens And An Image Sensor</td> </tr> <tr> <td>Group Art Unit</td> <td>2873</td> </tr> <tr> <td>Examiner Name</td> <td>Jessica T. Stultz</td> </tr> <tr> <td>Attorney Docket No.</td> <td>22173-70305</td> </tr> </table>	Application Number	10/549,846	Filing Date	September 20, 2005	First Named Inventor	Teunils Adrianus Kassenaar	Title	Camera Comprising Means For Accurately Fixing The Distance Between A Lens And An Image Sensor	Group Art Unit	2873	Examiner Name	Jessica T. Stultz	Attorney Docket No.	22173-70305
Application Number	10/549,846														
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I hereby revoke all previous powers of attorney given in the above-identified application.															
<input type="checkbox"/> A Power of Attorney is submitted herewith. OR <input checked="" type="checkbox"/> I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith: <div style="float: right; border: 1px solid black; padding: 5px; margin-top: 10px;">24728</div>															
<input type="checkbox"/> I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:															
Practitioner(s) Name	Registration Number	Practitioner(s) Name	Registration Number												
Please recognize or change the correspondence address for the above-identified application to:															
<input checked="" type="checkbox"/> The address associated with the above-mentioned Customer Number:															
OR <input type="checkbox"/> The address associated with Customer Number: <div style="float: right; border: 1px solid black; padding: 5px; margin-top: 10px;">24728</div>															
<input checked="" type="checkbox"/> Firm or Individual Name: Raymond J. Ho MORRIS, MANNING & MARTIN, LLP															
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I am the: <input type="checkbox"/> Applicant/inventor. OR <input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____															
SIGNATURE of Applicant or Assignee of Record															
Signature: <i>Wilma Wei</i>		Date: _____													
Name: Wilma Wei		Telephone: _____													
Title and Company: Director of TPO Hong Kong Holding Limited															
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.															
<input checked="" type="checkbox"/> *Total of 2 forms are submitted.															